

***Application for Grant-In-Aid
for State Supported Institutional Resident and School for the Deaf Student Libraries**

*Only one application per state supported institution may be submitted

Name of Institution_____

The Administrator of Libraries A)_____

B)_____

C)_____

herewith makes application for the grant-in-aid for library services in state supported institutions, appropriated by the General Assembly in 2003 for fiscal 2003-2004, pursuant to the General Laws of Rhode Island as amended.

The grant-in-aid to the state supported institution will be allotted to libraries A, B, and C in the following manner:

	MATERIALS	OTHER	TOTAL GIA
A.	_____	_____	_____
	Describe Other:_____		
B.	_____	_____	_____
	Describe Other:_____		
C.	_____	_____	_____
	Describe Other:_____		

GIA Total for Institution _____

The State Supported Institutional Operating Appropriation for Resident or School for the Deaf library services in FY 2004 is \$_____

In application for Grant-In-Aid, the Library Administrator and Institutional Director herewith certify that they will abide by the requirements of G.L. 29-6-8 and all requirements as spelled out in this application, and attest that the information provided above is correct and complete.

Institutional Library Administrator _____ Date _____
(signature)

Institutional Director _____ Date _____
(signature)

This application is hereby approved by:

Chief of Library Services, OLIS _____ Date _____
(signature)